

APPENDIX I

AIRPORT GROUND SUPPORT EQUIPMENT PROJECT APPLICATION

**Carl Moyer Memorial Air Standards Attainment Program
ELECTRIC GROUND SUPPORT EQUIPMENT
APPLICATION**

This application is to be used for incentive funds for the purchase of new electric ground support equipment (GSE).

Please provide the following information regarding your proposed purchase and application. Additional information may be requested during the review process if needed. Applicant acknowledges that award of cash incentive is conditional upon approval of the District and must meet the minimum eligibility criteria.

Within ten working days of submission, you will either be notified that your application is complete, or provided with a list of deficiencies. Completed applications fulfilling the criteria will be approved within 60 working days of receipt. If you have any questions regarding the application process, please contact:

*District Incentive Program Contact
Contact Phone Number*

✓ CHECK LIST FOR APPLICATION ITEMS ✓

Be sure the following items are included with your application submittal. Check each applicable box below to indicate inclusion of material.

- ☐ Completed Application Information – Section A
 - ☐ Completed Information for Existing GSE to be Replaced – Section B through C
 - ☐ Completed Information About Each New Electric GSE Purchased or Considered for Purchase – Section D
 - ☐ Completed Information for New or Expanding Fleets – Section E
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✓ CHECK LIST FOR ELIGIBILITY CRITERIA ✓

Please check each applicable box to indicate eligibility of proposed electric GSE equipment:

- ☐ The GSE equipment being replaced is 50 horsepower or greater.
- ☐ New electric GSE equipment of the following type has been (or being considered for) purchased:
 - ☐ Belt loader, baggage tug, cargo loader, aircraft tug, lift, or ground power unit.
- ☐ The GSE will not be operated at the following airports: LAX, Ontario, Orange County, Burbank or Long Beach.
- ☐ The new electric GSE equipment will not be leased or rented to another business or organization.
- ☐ The purchase is not required by any local, state, or federal rule or regulation, or used to comply with any such rule or regulation.
- ☐ The purchase is not required by any local, state, or federal Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) or any other binding agreement (such as air quality certificate requirements).
- ☐ The amount of emission reduction is not required by any local, state, or federal MOU, or any other binding agreements or requirements.

☐ **ELECTRIC GSE PROJECT APPLICATION**

Please Print or Type All Information on This and Any Attached Applications.

A. APPLICANT INFORMATION:		
Organization/Company Name:		
Project Name:		
Business Type: (airport operator, airline, fixed base operator, or equipment management company, etc)		
Street/Mailing Address:		
City:	State:	Zip Code:
Contact Name:		
Phone: ()	Fax: ()	
E-mail:		
California airport where GSE will be operated:		

I hereby certify that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

EXISTING GSE INFORMATION

For each piece of equipment that you plan to replace, complete and attach one copy of the appropriate section.

B. INFORMATION ABOUT EXISTING GSE EQUIPMENT TO BE REPLACED		
1. Equipment Operator: (airport, airline, equipment management company, etc.)		
2. Equipment Type:		
3. Engine Type: <input type="checkbox"/> Compression Ignition <input type="checkbox"/> Spark Ignition		
4. Equipment Manufacturer:		
5. Engine Model:	6. Engine Series:	7. Engine Serial Number
8. Manufacturer's Maximum Rated Brake Horsepower Rating:	9. Year Purchased	10. Model Year:
11. Primary Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other If "Other," specify fuel:		
12. Estimated Total Annual Hours of Operation:		13. Estimated Engine Operating Load (if known)
14. Airport that Equipment Operated:		
15. Percent Equipment Operated in California:		
16. Average Equipment Life (total hours):		17. Typical Replacement Schedule:
18. Cost of Replacing with new Equipment: \$		
19. Baseline NOx Emission Level (g/bhp-hr):		20. Baseline PM Emission Level (g/bhp-hr):
21. Indicate certified engine United State Environmental Protection Agency or Air Resources Board Standardized Engine Family Name (if applicable):		

C. Briefly describe what do you plan to do with equipment that is being replaced

NEW GSE INFORMATION

For each piece of equipment that you plan to purchase, complete and attach one copy of the appropriate section.

D. INFORMATION ABOUT NEW ELECTRIC MOTOR

8. Type of Equipment (i.e. belt loader, aircraft tug, etc):

2. Number of Equipment Pieces:

9. Equipment Manufacturer:

10. Electric GSE Model:

5. Electric Motor Serial Number:

11. Estimated Total Annual Hours of Operation:

12. Airport at which equipment will be operated:

13. Cost of Equipment:

14. Cost of battery pack (if not included in #7)

10. Estimated Useful Equipment Life (hours):

11. Indicate the method of recordkeeping that will be used:

- ☐ Annual power consumption records
- ☐ Annual records of hours of operation as verified by non-resettable hour meter installed on the electric motor

FLEET EXPANSION OR NEW BUSINESS

FLEET EXPANSION (If you are expanding your fleet, please provide information on the GSE Equipment You Would Have Purchased had not incentive funds been available.):	
1. Equipment Type:	
2. Number of Equipment:	
3. Engine Type: <input type="checkbox"/> Compression Ignition <input type="checkbox"/> Spark Ignition	
4. Equipment Manufacturer:	
5. Engine Model:	6. Model Year:
7. Manufacturer's Maximum Rated Brake Horsepower Rating:	
8. Cost of New GSE Equipment:	
9. Primary Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other If "Other," specify fuel:	